



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services

P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
(978) 567~3100 Fax: (978) 567~3199



STEPHEN D. COAN
STATE FIRE MARSHAL

THOMAS P. LEONARD
DEPUTY STATE FIRE MARSHAL

Do you want to add an additional restriction to your MA Certificate of Competency?

Type or print clearly. Complete all sections on this form, enclose your check or money order, and mail to the Licensing Desk, Office of the State Fire Marshal, P.O. Box 1025, Stow, MA 01775.

Check off the test(s) you want to take (\$10.00 per restriction) and make your check or money order payable to the Commonwealth of Massachusetts. Total \$_____

Type 41 ___ Self Serve (Motor Fuel) Facilities Type 48 ___ Pre-Engineered Fixed Systems*
Type 46 ___ Portable Fire Extinguishers Type 49 ___ Hydrostatic Testing of Cylinders
Type 47 ___ Engineered Fixed Systems

Please indicate the date and location of the exam that you want to register for:

Date: _____ Location: Stow _____ Northampton _____

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II. APPLICANT INFORMATION

Name of Applicant: _____ Date of Birth: _____/_____/_____
(Last) (First) (Middle) (Month) (Day) (Year)

Address: _____ Phone Number: (____)____-_____
Residential street address required, including town/city, state and zip code

Social Security Number: _____-_____-_____ Your current MA Certificate number is: _____

Signature: _____ Date: _____